US ERA ARCHIVE DOCUMENT

XINERGY CORP 8351 EAST WALKER SPRINGS ROAD KNOXVILLE, TN. 37923

DMRE PERMIT NO. 848-0281 INDIVIDUAL PERMIT

October 28, 2009



CIVIL ENGINEERING MINING ENGINEERING ARCHITECTURE SURVEYING





SUMMIT ENGINEERING, INC.



October 28, 2009

Larry Sowder Department for Environmental Protection Division of Water 200 Fair Oaks Lane 4th Floor Frankfort, Kentucky 40601

RE: Xinergy Corp

Application for Individual KPDES Permit coverage

DMRE Permit No. 848-0281

Mr. Sowder:

Please find attached on CD-ROM an electronic application for the above referenced permit application. Xinergy Corp is proposing an amendment to their existing surface mine located near Stoney Fork, Kentucky in Harlan County. Point source discharges from the mining area will drain into Straight Creek and Middle Fork Kentucky River.

Existing discharges are currently authorized under General Permit KYG046131. Amendment #4 is proposing to add 12 additional discharge points.

If you should have any questions, or if additional information is required, please contact me at our Wise, Virginia Office.

Sincerely,

Emmanuel Brace

Fra Brai

Engineer

c: file



SUMMIT ENGINEERING, INC.

October 28, 2009

Larry Sowder
Department for Environmental Protection
Division of Water
200 Fair Oaks Lane
4th Floor
Frankfort, Kentucky 40601

RE: Xinergy Corp

Application for Individual KPDES Permit coverage

DMRE Permit No. 848-0281

Dear Mr. Sowder:

I am writing to request that your department proceed with the review process for the permit application referenced above. I request that data (on BOD, COD, Ammonia, and Temperature) which are not in included in Form C of the permit application referenced above be waived.

The omitted pollutants are not among the conventional ones tested for in the coal mining Industry

If you should have any questions, or if additional information is required, please contact me at our Wise, Virginia Office.

Emmanuel Brace

Fin Bran

Engineer

c: file

POWER OF ATTORNEY

STATE OF TENNESSEE (COUNTY OF KNOX (COUNTY OF

KNOW ALL MEN BY THESE PRESENTS, that Xinergy, Corp., a Tennessee corporation (the "Corporation"), pursuant to the authorization of its Board of Directors, by and through its President & CEO, Jon E. Nix, hereby makes, constitutes and appoints John Ledington of the Commonwealth of Kentucky in his capacity as an employee and Chief Mining Engineer of the Corporation, its true and lawful attorney in fact, for it, and in its name, place and stead, to execute any and all documents, including but not limited to, reports, applications, and permits, which are necessary and in the ordinary course of business in the Corporation's dealings with the United States Department of Labor, Mining Safety and Health Administration; the Commonwealth of Kentucky, Environmental and Public Protection Cabinet, Department for Natural Resources; and any and all other regulatory offices, federal and state, that the Corporation may conduct business with in the course of its coal mining activities in the Commonwealth of Kentucky.

Xinergy, Corp., by and through its President & CEO, Jon E. Nix, hereby grants to said attorney in fact the full power and authority to perform all acts to be done in and about the premises as herein described, as the President & CEO could do personally on behalf of the Corporation, if personally present.

All rights, powers and authority of said attorney in fact to exercise any and all the rights and powers herein granted shall commence and be in full force and effect as of the date of execution hereof and such rights, powers, and authority shall remain in full force and effect thereafter until such time as Xinergy, Corp. revokes such appointment.

Giving and granting unto John Ledington, full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done to carry out the intents and purposes as the President & CEO might do on behalf of the Corporation, if personally present. Xinergy, Corp., by and through its President & CEO, Jon E. Nix, hereby ratifies and confirms all that Xinergy, Corp. shall lawfully do or cause to be done by virtue of these presents.

PROVIDED, however, that all business transacted hereunder for Xinergy, Corp. or for its account shall be transacted in its name, and that all endorsements and instruments executed by its said attorney in fact for the purpose of carrying out the foregoing powers shall contain Xinergy, Corp.'s name, followed by that of its said attorney in fact and the designation "attorney in fact"

IN WITNESS WHEREOF, I have hereinto set my hand, this 10th day of July, 2008.

Xinergy, Corp.

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on E. Nix. President & CEO

STATE OF TENNESSEE COUNTY OF KNOX

Personally appeared before me, the undersigned authority, Notary Public in and for said County and State, Jon E. Nix, President & CEO of the within named bargainor, with whom I am personally acquainted, who acknowledged himself to be the President & CEO of Xinergy, Corp., a Tennessee corporation, the within named bargainor, and who, upon oath, acknowledged that he executed the within Power of Attorney, with full authority from the Corporation, for the purposes therein contained in his capacity as President & CEO on behalf of the Corporation.

NOTARY

Commission Expires

WITNESS my hand and official seal at office in Knox County, Tennessee this 10th day of July, 2008.

My Commission Expires,

Notary Public

I, hereby certify that this is a true and exact copy of the original.

Notary Public

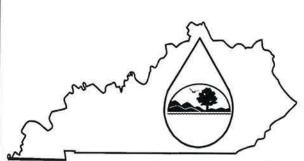
optic Da

State in Which Commissioned:

My Commission Expires; FEB 18TH 2013

KPDES FORM 1

R/ Bale



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

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This is an application to: (check	one)	A complete appl	ication consis	ts of this	s form a	ınd one	of the	
Apply for a new permit.		following:						
Apply for reissuance of ex		Form A, Form B, Form C, Form F, or Form SC						
Apply for a construction j								
Modify an existing permi	ſ.	For additional information contact: Surface Water Permits Branch (502) 564-3410						
Give reason for modificat	ion under Item II.A.		Permits Bran	ich (502)) 564-34	410	_	
I FACILITY LOCATION AS	ND CONTACT INFORMATION	AGENCY USE	01	0	8	3	a	4
	lity, Company, Etc. Requesting Per			0 V	4 · O		l.	
71, Traine of Business, Warnerpa	ity, Company, Ltc. Requesting 1 cm	11111						
B. Facility Name and Location		C. Primary Ma	iling Address Include owner's					
Facility Location Name:		Facility Contact N	ame and Title:	Mr 🛛 M	1s. 🔲			
XINERGY CORP		Ed Sumpter						
Facility Location Address (i.e. street, ro	ad, etc., not P.O. Box):	Mailing Address:						
2.5 miles north of Big Run Branch Cour	nty Road Junction with KV 221	P.O. POV 117						
Facility Location City, State, Zip Code:	ny Road Junction Willi R 1 . 221.	P.O.BOX 117 Mailing City, State	e. Zip Code:			_		
D			-					
Route 221 D. Owner's name (if not the same as in	nart A and C):	Stoney Fork, KY 4 Facility Contact Te		т.				
and the same as the	pare re and c).	Tacility Contact To	repriorie rvanioe.					
Oumar's Mailing Address, 9251 Fast II	Aller Carine Deed Was 111 Th	(606) 337-5393	N. I. CC I'C	C ()				
Owner's Mailing Address: 8351 East W 37923	aiker Springs Road, Knoxville, I N,	Owner's Telephone 865-474-7000	e Number (if diff	ierent):				
II. FACILITY DESCRIPTION A. Provide a brief description of	N of activities, products, etc: Surface	Mining						
							(e)	
B. Standard Industrial Classifica	tion (SIC) Code and Description							
Principal SIC Code &	1							
Description:	1222							
Other SIC Codes:								
III. FACILITY LOCATION								
A. Attach a U.S. Geological Surv	vey 7 ½ minute quadrangle map for	the site. (See instr	uctions)					
B. County where facility is locate	ed:	City where facility	y is located (i	f applica	able):			
C. Body of water receiving disch Laurel Branch, Salt Trace Branch								
D. Facility Site Latitude (degrees 36'53'26"		Facility Site Long 83'29'40"	itude (degree	s, minut	es, seco	nds):		
E. Method used to obtain latitude	& longitude (see instructions):	Topographical Ma	ap Cordinates					

IV. OWNER/OPERATOR INFORMAT	TION			
A. Type of Ownership: ☐ Publicly Owned ☐ Privately Own	ned State Owned	Both Public and Priv	vate Owned Federally owned	
B. Operator Contact Information (See inst		Both I dolle and FIN	redefany owned	
Name of Treatment Plant Operator:		Telephone Number:		
XINERGY CORP Operator Mailing Address (Street):				
8351 East Walker Springs Road				
Operator Mailing Address (City, State, Zip Code): Knoxville, Tennessee, 37923				
Is the operator also the owner?			If yes, list certification class and number below.	
Yes No Certification Class:		Yes No Certification Number:	X	
N/A		N/A		
V. EXISTING ENVIRONMENTAL PEI	RMITS			
Current NPDES Number:	Issue Date of Current Peri	mit:	Expiration Date of Current Permit:	
KYG046131	03/24/06		N/A	
Other DOW Operational Permit #:	Kentucky DMR Permit N	umber(s):	Sludge Disposal Permit Number:	
N/A	848-0285		N/A	
Other Existing Environmental Permit #:	848-0285 Other Existing Environmental Permit #:		Other Existing Environmental Permit #	
N/A	N/A		N/A	
Which of the following additional environm	nental permit/registratio	on categories will also a	apply to this facility?	
			PERMIT NEEDED WITH	
CATEGORY	EXISTING PER	RMIT WITH NO.	PLANNED APPLICATION DATE	
Air Emission Source	N/A		N/A	
Solid or Special Waste	N/A		N/A	
Hazardous Waste - Registration or Permit	N/A		N/A	
VI. DISCHARGE MONITORING REPO	ORTS (DMRs)			
permit). Information in this section serves mailing address (if different from the primar	to specifically identify ry mailing address in Se	the name and telephon	egular schedule (as defined by the KPDES e number of the DMR official and the DMR	
A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):		Ed Sumpter		
DMR Official Telephone Number:		(606) 337-5393		
 B. DMR Mailing Address: Address the Division of Water will Contact address if another individual 	use to mail DMR form al, company, laboratory	s (if different from ma	illing address in Section I.C), or s for you; e.g., contract laboratory address.	
DMR Mailing Name:	Ed Sumpter			
DMR Mailing Address:	P.O.Box 117			
DMR Mailing City, State, Zip Code:	Stoney Fork, KY 40988	3		

examine the base and filing fees listed in "Form 1 Instructions" a	cion filing fee equal to twenty percent of the permit base fee. Please and enclose a check payable to "Kentucky State Treasurer" for the DES permit number on the check to ensure proper crediting. Please description of the base fee amounts.
Facility Fee Category:	Filing Fee Enclosed:
Surface Mining Operation	\$660.00
VIII. CERTIFICATION	
with a system designed to assure that qualified personnel properly gof the person or persons who manage the system, or those persons	nts were prepared under my direction or supervision in accordance gather and evaluate the information submitted. Based on my inquiry directly responsible for gathering the information, the information te, and complete. I am aware that there are significant penalties for imprisonment for knowing violations.
NAME AND OFFICIAL TITLE (type or print):	PHONE NUMBER: (606) 337-5393
Mr. Ms. John Ledington, Attorney-in-fact	EMAIL: DATE:
	10/28/09
Return completed application form and attachments to: Surface Wa	ater Permits Branch, Division of Water, 200 Fair Oaks Lane,

Frankfort, KY 40601. Direct questions to: Surface Water Permits Branch at (502) 564-3410.

VII. APPLICATION FILING FEE

DEP 7032 Revised February 2009

VII.	APPLICA	TION	FII	ING	REE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed in "Form 1 Instructions" and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. For permit renewals, please include the KPDES permit number on the check to ensure proper crediting. Please see the separate document "General Instructions" for an expanded description of the base fee amounts.

Facility Fee Category:	Filing Fee Enclosed:
Surface Mining Operation	\$660.00

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	PHONE NUMBER: (606) 337-5393	
Mr. Ms. John Ledington, Attorney-in-fact	EMAIL:	
SIGNATURE	DATE:	
Jehn Ledwighn	10-28-09	

Return completed application form and attachments to: Surface Water Permits Branch, Division of Water, 200 Fair Oaks Lane, Frankfort, KY 40601. Direct questions to: Surface Water Permits Branch at (502) 564-3410.

